

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT
HAZARDOUS MATERIALS TRAINING PROGRAM
APPLICATION FOR ENROLLMENT

A separate application must accompany each request:

1. Application Information Date of Application _____ Name as you would like it to appear on certificate (Please Print) _____	2. Course Information Course Name: _____ Date of Course: _____ Course Location: _____										
3. Complete Home Mailing Address _____ _____ _____ 4. E-Mail Address: _____ 5. Telephone Number Work: _____ Home: _____	6. Social Security Number / Driver License ID Number _____ 7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 8. Team / Jurisdiction _____ <input type="checkbox"/> Contract Member <input type="checkbox"/> Non-Contract Member 9. Department _____										
10. Please check pervious HAZMAT training completed. <table style="width: 100%;"><tr><td><input type="checkbox"/> HAZMAT Awareness (HMFRA)</td><td><input type="checkbox"/> HAZMAT Planning and Management</td></tr><tr><td><input type="checkbox"/> HAZMAT Operations (HMFRO)</td><td><input type="checkbox"/> HAZMAT Tactical Command and Safety</td></tr><tr><td><input type="checkbox"/> HAZMAT Technician</td><td></td></tr><tr><td><input type="checkbox"/> Chemistry of Hazardous Materials</td><td>Other: _____</td></tr><tr><td><input type="checkbox"/> HAZMAT Advanced Tactical Control</td><td>_____</td></tr></table>		<input type="checkbox"/> HAZMAT Awareness (HMFRA)	<input type="checkbox"/> HAZMAT Planning and Management	<input type="checkbox"/> HAZMAT Operations (HMFRO)	<input type="checkbox"/> HAZMAT Tactical Command and Safety	<input type="checkbox"/> HAZMAT Technician		<input type="checkbox"/> Chemistry of Hazardous Materials	Other: _____	<input type="checkbox"/> HAZMAT Advanced Tactical Control	_____
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<input type="checkbox"/> HAZMAT Technician											
<input type="checkbox"/> Chemistry of Hazardous Materials	Other: _____										
<input type="checkbox"/> HAZMAT Advanced Tactical Control	_____										
11. Signature of Applicant _____ Date: _____											
12. Signature of Supervisor / Head Officer (Members of COV Regional Hazardous Materials Teams <u>MUST</u> have signature of Team Leader) _____ Title: _____											
13. Signature of COV Regional Hazardous Materials Officer _____ Date: _____											
Mail Application to: Virginia Department of Emergency Management Technological Hazards Division – HAZMAT Training 10501 Trade Court Richmond, Virginia 23236	(For Official Use Only) Disposition: _____ Status: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted										

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Read the following carefully. Complete the information as needed.

General Application Information: Certain courses or programs may require a nominal fee for attendance, materials or supplies. The Virginia Department of Emergency Management (VDEM) policy is to provide courses or programs that will not require a registration fee or other expenses for the student; however, in some cases, this cannot be done. Full or partial reimbursement of expenses for travel mileage, meals and overnight accommodations directly related to attendance in a VDEM sponsored course or program may be available. VDEM will NOT be responsible for incidental personal expenses or salary reimbursement for attendance in any course or program. Some classes may be arranged with direct-billing of accommodations or meals or both. Reimbursements or direct-billings are provided in accordance with all applicable state and federal regulations.

If the training announcement indicates that a fee is required, unless otherwise indicated, a check or money order for the amount required must be included with this application. The training announcement will specify to whom the check should be written.

Consult the training announcement for details or costs related to the course or program for which this application is being submitted. In case of questions, contact VDEM Training Office at (804) 897-6500, Ext. 6573.

Overnight Accommodations: If overnight lodging is included, the training announcement will indicate dates for which VDEM will make lodging reservations. In general, for any program beginning before 10 a.m., registrants who must travel more than 25 miles one way to the course location may be permitted to obtain overnight accommodations the night preceding the course or program. Unless otherwise indicated, VDEM will **NOT** be responsible for lodging the night following the conclusion of any program. VDEM will **NOT** be responsible for any expenses for any student who elects to stay at an alternate facility without advance approval from VDEM. Students will be reimbursed for lodging cost (room and tax only.)

In the space below, indicate the days and dates you will require overnight accommodations made in your name at the facility noted in the training announcement for this course or program, if applicable.

DAYS:	SUN	MON	TUES	WED	THURS	FRI	SAT
DATE(S):							

☐ SMOKING

☐ NONSMOKING

Students are responsible for guaranteeing late arrival (arrival after 6 p.m. at most hotels and motels). Contact the facility at the telephone number shown on the training announcement. VDEM will NOT be responsible for late arrivals, room cancellations or any expenses incurred by individuals for failure to comply with registration or attendance requirements.

Special notes or requests for disability arrangements:*

*Individuals with a disability, as defined in the Americans with Disabilities Act of 1990 (ADA), desiring to attend this session should contact VDEM ten (10) days prior to the event so as to ensure appropriate accommodations are provided.

Confirmation of acceptance to courses or programs will be mailed seven (7) to ten (10) working days prior to class.

**COMPLETE AND RETURN THIS APPLICATION BY THE DUE DATE
SHOWN ON THE TRAINING ANNOUNCEMENT TO:**

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT
ATTN: TECHNOLOGICAL HAZARDS TRAINING
10501 TRADE COURT
RICHMOND, VA 23236-3713

Telephone (804) 897-6500, Ext. 6573

FAX: (804) 897-6576